



# UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
13/083,436	04/08/2011	W. Thomas Green III	110751-00114	8156
27557	7590	12/02/2016	EXAMINER	
BLANK ROME LLP			NGUYEN, TRAN N	
1825 Eye Street NW				
WASHINGTON, DC 20006-5403				
			ART UNIT	PAPER NUMBER
			3686	
			NOTIFICATION DATE	DELIVERY MODE
			12/02/2016	ELECTRONIC

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

Belay@blankrome.com  
WashingtonDocketing@blankrome.com

UNITED STATES PATENT AND TRADEMARK OFFICE

---

BEFORE THE PATENT TRIAL AND APPEAL BOARD

---

*Ex parte* W. THOMAS GREEN III, JAMES T. INGRAM,  
JOHNATHAN SAMPLES, and GREGORY H. SCHULENBURG

---

Appeal 2014-009931<sup>1</sup>  
Application 13/083,436<sup>2</sup>  
Technology Center 3600

---

Before ANTON W. FETTING, BIBHU R. MOHANTY, and  
TARA L. HUTCHINGS, *Administrative Patent Judges*.

HUTCHINGS, *Administrative Patent Judge*.

DECISION ON APPEAL

---

<sup>1</sup> Our decision references Appellants' Appeal Brief ("App. Br.," filed Feb. 18, 2014) and Reply Brief ("Reply Br.," filed Sept. 22, 2014), and the Examiner's Answer ("Ans.," mailed July 31, 2014), Advisory Action ("Adv. Act.," mailed Nov. 7, 2013), and Final Office Action ("Final Act.," mailed Aug. 28, 2013).

<sup>2</sup> Appellants identify Greenway Medical Technologies, Inc. as the real party in interest. App. Br. 2.

## STATEMENT OF THE CASE

Appellants appeal under 35 U.S.C. § 134(a) from the Examiner's final rejection of claims 83–102. We have jurisdiction under 35 U.S.C. § 6(b).

We AFFIRM.

## CLAIMED INVENTION

Appellants' claimed invention is directed to a medical software system that integrates schedule management, patient registration, insurance information, and billing and collections. Spec. ¶ 19.

Claims 83 and 93 are the independent claims on appeal. Claim 83, reproduced below, is illustrative:

83. An integrated system for healthcare provider management with a portal that displays summarized data about patients, the system comprising:

a database that stores clinical data, scheduling data, patient data, and financial data in a normalized data format; and

a processor in communication with the database, the processor configured to implement:

a clinical software module that creates an electronic document and that captures clinical data for a patient in the electronic document in the normalized data format during an encounter with the patient;

a scheduling software module that captures scheduling data in the normalized data format and that schedules the patient and at least one of a clinician, a staff member, and equipment at a healthcare provider using the scheduling data and the patient data;

an account management software module that captures financial data in the normalized data format and that creates at least one of a bill, a claim, or a statement for the patient using the financial data and the clinical data;

a user interface portal that displays a summary of at least one of the clinical data, the scheduling data, the patient data, and the financial data for the patient in a

consolidated view at a user interface, that allows a user to customize which financial data, scheduling data, clinical data, and patient data is displayed in the summary, and that displays additional details about the clinical data, the scheduling data, the patient data, and the financial data displayed in the summary when the user selects a portion of the clinical data, the scheduling data, the patient data, and the financial data with the user interface; and

a framework software module that is integrated with the clinical software module, the scheduling software module, the account management software module, and the user interface portal using a common architecture and that supports an exchange of the clinical data, the scheduling data, the patient data, and the financial data between those software modules, the user interface portal, and the database in the normalized data format.

### REJECTIONS<sup>3</sup>

Claims 83–102 are rejected under 35 U.S.C. § 101 as directed to non-statutory subject matter.

Claims 83–85, 87, 88, 93–95, 97, and 98 are rejected under 35 U.S.C. § 102(b) as anticipated by Crane (US 5,748,907, iss. May 5, 1998).

Claims 86, 89, 90, 92, 96, 99, 100, and 102 are rejected under 35 U.S.C. § 103(a) as unpatentable over Crane.

Claims 91 and 101 are rejected under 35 U.S.C. § 103(a) as unpatentable over Crane and Ross (US 5,823,948, iss. Oct. 20, 1998).

---

<sup>3</sup> The rejection of claims 83–102 under 35 U.S.C. § 112, second paragraph, has been withdrawn. Adv. Act. 2.

## ANALYSIS

### *Non-Statutory Subject Matter*

Appellants argue claims 83–102 as a group. Reply Br. 1–2. We select claim 93 as representative. The remaining claims stand or fall with claim 93. *See* 37 C.F.R. § 41.37(c)(1)(iv).

*Alice Corp. Pty. Ltd. v. CLS Bank International*, 134 S. Ct. 2347 (2014) identifies a two-step framework for determining whether claimed subject matter is judicially-excepted from patent eligibility under 35 U.S.C. § 101. According to *Alice* step one, “[w]e must first determine whether the claims at issue are directed to a patent-ineligible concept,” such as an abstract idea. *Id.* at 2355. If the claims are determined to be directed to a patent-ineligible concept, then the second part of the framework is applied to determine if “the elements of the claim . . . contain[] an ‘inventive concept’ sufficient to ‘transform’ the claimed abstract idea into a patent-eligible application.” *Id.* at 2357 (citing *Mayo*, 132 S. Ct. at 1294, 1298).

Claim 93 is directed to displaying summarized data about patients with an integrated medical software system and recites the steps of: (1) allowing a user to create an electronic document; (2) scheduling the patient and at least one of a clinician, a staff member and equipment; (3) capturing the scheduling data; (4) pre-populating the electronic document with patient data; (5) capturing clinical data for the patient in the electronic document; (6) creating at least one of a bill, a claim, or a statement for the patient using financial data and clinical data; (7) capturing the financial data; (8) storing scheduling data, patient data, clinical data, and financial data in a database; and (9) displaying summarized data at a user interface.

Claim 93 falls into a familiar class of claims “directed to” a patent ineligible concept. Our reviewing court has held collecting data from multiple data sources, analyzing the data, and displaying the results to be in the realm of abstract ideas. *Elec. Power Grp., LLC v. Alstom S.A.*, 830 F.3d 1350, 1353 (Fed. Cir. 2016). The court also has “treated analyzing information by steps people go through in their minds, or by mathematical algorithms, without more, as essentially mental processes within the abstract-idea category.” *Id.* (collecting cases).

The Examiner finds that “[t]he claim(s) is/are directed to the abstract idea of a fundamental economic practice, a method of organizing human activities, an idea of itself, and/or a mathematical relationship or formula.” Ans. 2. Appellants do not dispute the Examiner’s finding that claim 83 is directed to an abstract idea. *See* Reply Br. 2 (“Appellants will assume *arguendo* that [the claims] are [directed to an abstract idea]”).

Instead, Appellants argue that claim 83 contains an “inventive concept” that renders them patent eligible. *Id.* Specifically, Appellants contend that

[t]he present claims include limitations directed to a normalized data format. The Appellants respectfully submit that the use of a normalized data format is an improvement to the functioning of the computer itself, by allowing it to operate more efficiently and accurately than it would if it had to use multiple, non-normalized data formats, or in the alternative that the use of a normalized data format is a meaningful limitation beyond generally linking the use of an abstract idea to a particular technological environment.

*Id.*

But normalizing data is itself a well-established “basic concept” sufficient to fall under *Alice* step 1, i.e., analyzing information by steps

people go through in their minds or by mathematical algorithms.

Appellants' Specification at paragraph 61 describes using a "controlled medical vocabulary [] to normalize the collected data." But nothing in the claims, understood in light of the Specification, requires any new techniques to normalize the data.

The Appellants have not come forward with, and the record before us does not provide, sufficient evidence to support, for example, a finding that the use of a normalized data format is an improvement to the functioning of the computer itself. Likewise, there is insufficient discussion in the Specification to lead one of ordinary skill in the art to understand that the use of a normalized data format is a meaningful limitation beyond generally linking the use of an abstract idea to a particular technological environment.

In view of the foregoing, we sustain the Examiner's rejection under 35 U.S.C. § 101 of claim 93. We also sustain the rejection under 35 U.S.C. § 101 of claims 83–92 and 94–102, which fall with claim 93.

*Anticipation*

*Independent Claims 83 and 93, and Dependent Claims 84, 85, 87, 88, 94, 95, 97, and 98*

We are persuaded by Appellants' argument that the Examiner erred in rejecting claims 83 and 93 because Crane does not disclose

a user interface portal that displays a summary of at least one of the clinical data, the scheduling data, the patient data, and the financial data for the patient in a consolidated view at a user interface, that allows a user to customize which financial data, scheduling data, clinical data, and patient data is displayed in the summary, and that displays additional details about the clinical data, the scheduling data, the patient data, and the financial data displayed in the summary when the user selects a portion of the

clinical data, the scheduling data, the patient data, and the financial data with the user interface,  
as recited in claim 83, and similarly recited in claim 93. App. Br. 5–6; *see also* Reply Br. 2–3.

Crane relates to the operation and management of medical facilities and businesses, such as hospitals, clinics, and manufacturing and chemical process plants. Crane col. 1, ll. 10–17. Crane, with reference to Figure 15, describes that exemplary Coordinator Room Displays include “Patients Checking In,” “Waiting in the Lobby,” “Location of each Patient in the Clinic,” and “Patients En Route to a Room in the Clinic.” *Id.* col. 25, ll. 16–28.

The Examiner takes the position that claim 83 “merely requires a summary of any one type of the recited data.” Ans. 3. As a result, the Examiner finds that Crane’s disclosure of “a sample display capable of displaying brief data about a patient” constitutes the claimed user interface portal displaying a summary of patient data. *Id.* at 4 (citing Crane, Fig. 15, col. 25, ll. 16–33); *see also* Final Act. 6.

Although the Examiner is correct that claim 83 requires a user interface portal to display a summary of “at least one of the clinical data, the scheduling data, the patient data, and the financial data,” claim 83 also recites that the user interface portal

allows a user to customize which financial data, scheduling data, clinical data, and patient data is displayed in the summary, and that displays additional details about the clinical data, the scheduling data, the patient data, and the financial data displayed in the summary when the user selects a portion of the clinical data, the scheduling data, the patient data, and the financial data with the user interface.



Claim 93 recites similar language. Here, the Examiner does not account for how Crane describes a user may customize which of these four types of data is displayed in the summary, as required by claims 83 and 93.

Therefore, we reverse the Examiner's rejection of claim 83 and 93 under 35 U.S.C. § 102(b). We also reverse the Examiner's rejection under 35 U.S.C. § 102(b) of claims 84, 85, 87, 88, 94, 95, 97, and 98, which each depends from one of claims 83 and 93.

#### *Obviousness*

##### *Dependent Claims 86, 89, 90, 92, 96, 99, 100, and 102*

Claims 86, 89, 90, 92, 96, 99, 100, and 102 each ultimately depends from one of claims 83 and 93. The Examiner's rejection of claims 86, 89, 90, 92, 96, 99, 100, and 102 as unpatentable over Crane does not cure the deficiency in the Examiner's rejection of claims 83 and 93 as anticipated by Crane. Therefore, we do not sustain the Examiner's rejection of claim 86, 89, 90, 92, 96, 99, 100, and 102 under 35 U.S.C. § 103(a) for the same reasons set forth above with respect to independent claims 83 and 93.

##### *Dependent Claims 91 and 101*

Claims 91 and 100 ultimately depend from claims 83 and 93, respectively. The Examiner's rejection of claims 91 and 101 based on Ross, in combination with Crane, does not cure the deficiency in the Examiner's rejection of claim 1. Therefore, we do not sustain the Examiner's rejection of claims 91 and 100 under 35 U.S.C. § 103(a) for the same reasons set forth above with respect to the independent claims.

#### DECISION

The Examiner's rejection of claims 83–102 under 35 U.S.C. § 101 is affirmed.

Appeal 2014-009931  
Application 13/083,436

The Examiner's rejection of claims 83–85, 87, 88, 93–95, 97, and 98 under 35 U.S.C. § 102(b) is reversed.

The Examiner's rejections of claims 86, 89–92, 96, and 99–102 under 35 U.S.C. § 103(a) are reversed.

No time period for taking any subsequent action in connection with this appeal may be extended under 37 C.F.R. § 1.136(a)(1)(iv).

AFFIRMED